
U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	READ THE IN	STRUCTION	IS CAREFULL	Y BEFORE PREPAR	RING THIS REPORT.	
For Stee Only	1. FILE NUMBER	2. PERIOD	COVERED	y YEAR	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here:	П
WAR 3 2004	062-512	From [MO DAY		(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check	
					terminal report, see Section X of the instructions and check here:	
E S DRUM		Through	1 2 3	1 2 0 0 3		
			8. MAILING	ADDRESS		
VICKIE BURKS	4		First Name	1/ 1 F		
HOTEL EMPL, RESTAURANT I	EMPL AFL-CIO	52-512 430	VIC	KIE		
102 MOSSY SPETNE TEL			Last Name			
MADISON, AL 35757-6928		2003	BUR	K S		
hallmlalmelalektoekillmlalemekillmlal	landddd		P.O. Box · B	uilding and Room Nu	umber (if any)	
			Number	Chroni		
4. AFFILIATION OR ORGANIZATION N	NAME		Number and	MOSS	Y SPRING TRAIL	
AFL-CIO			102	10.000	TOTALIO TRALE	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATIO	N NUMBER	City			
LU	719		MAD	ISON		
7. UNIT NAME (if any)				ZIP Code + 4		
MOTEL EMPL, RESTAUF	RANT EMPL		AL	3 5 7 5 7	- <u> 6 9 2 8</u>	
19. ADDITIONAL INFORMATION						
Item Number		<u> </u>	<u> </u>			
ļ						1
Each of the undersigned, duly authorized offi	cers of the above labor organization	declares, und	er the applicable	penalties of law, that a	Il of the information submitted in this report (including the information contained in an	v
accompanying documents) has been examin	ned by the signatory and is, to the be			lge and belief, true, corr	Il of the information submitted in this report (including the information contained in an rect, and complete. (See Section VI on penalties in the instructions.)	•
SIGNED: Josse	7 tthe	PRESIDEN		21. SIGNED:	Vilbia Junba TREASURER	
2-26-04 3	36-533-461A	(If other	r title, tructions.)	2-26-6	OU ()51,1121-4528 (If other title, see instructions.)	
Date	Telephone Number		,	Date	Telephone Number	

04-062-024/062512

Enter A	Amounts	in Dollars	Only -	 Do Not Er 	nter Cents

FILE NUMBER: 0 6 2 - 5 1 2

Complete Items 9 through 18.			14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.).
 During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions? (If the constitution and bylaws, or practices/ 	Yes	No X	15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).
procedures have changed, see the instructions.) 10. Did your organization change its rates of dues	Yes	No	16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.) \$4 8 2 0
and fees during the reporting period?(If "Yes," report the new rates in Item 19.) 11. Did your organization discover any loss or	Yes	No	17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.).
shortage of funds or property during the reporting period?		X	18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.).
12. Was your organization insured by a fidelity bond during the reporting period?	Yes X	No	Please be sure to:
If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. \$ 5	0 0 0	0	 Enter your union's 6-digit file number in Item 1. Report a time period of no more than one year in Item 2. Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
13. How many members did your organization have at the end of the reporting period?	1	5	FILE ON TIME. Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

ORGANIZATION NAME: AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
12/31/2003	

FILE NUMBER: 0 6 2 - 5 1 2

19. ADDITIONAL INFORMATION (continued)

tem Number	DITIONAL INFORMATION (CONTINUED)
10	Rates of dues were increased from \$21.56 per month to \$23.00 per month in August 2003.
LM-4 (Revi	I sed 2000) 2 - I19